



News Flash - The revised *Medicare Physician Fee Schedule Fact Sheet* (January 2008), which provides general information about the Medicare Physician Fee Schedule, can be accessed at <http://www.cms.hhs.gov/MLNProducts/downloads/MedcrePhysFeeSchedfctshs.pdf> on the Centers for Medicare & Medicaid Services website.

MLN Matters Number: MM5792 **Revised**

Related Change Request (CR) #: 5792

Related CR Release Date: June 27, 2008

Effective Date: April 1, 2008

Related CR Transmittal #: R1545CP

Implementation Date: April 7, 2008

Payment for Inpatient Hospital Visits - General (Codes 99221 – 99239)

Note: This article was revised on June 30, 2008, to reflect changes made to CR5792. The CR was revised to clarify that hospital emergency services are not paid for the same date as critical care services when provided by the same physician to the same patient. The CR transmittal number, release date, and Web address for accessing the CR were also changed. All other information remains the same.

Provider Types Affected

Physicians and non physician practitioners (NPPs), submitting claims to Medicare Administrative Contractors (A/B MACs) and/or carriers for services provided to Medicare beneficiaries during a hospital visit.

Provider Action Needed

Providers should note the payment policy for billing inpatient hospital visits provided on the same day as critical care services. See the *Key Points* section of this article for a complete list of the updates.

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Background

CR5792 updates Chapter 12, Section 30.6.9 of the Medicare Claims Processing Manual. The updated section of this manual is attached to CR5792 and the address/link to that CR is listed in the *Additional Information* section of this article.

Key Points

Physicians and qualified NPPs should note the payment policy requirements according to CR5792 are as follows:

- When a hospital inpatient or office/outpatient evaluation and management (E/M) service is furnished on a calendar date at which time the patient does not require critical care and the patient subsequently requires critical care, both the critical care services (Current Procedural Terminology (CPT) codes 99291 and 99292) and the previous E/M service may be paid for the same date of service. (Note that hospital emergency department services are not paid for the same date as critical care services when provided by the same physician to the same patient.)
- During critical care management of a patient those services that do not meet the level of critical care should be reported using an inpatient hospital care service with CPT Subsequent Hospital Care using a CPT code in the 99231-99233 range.
- Physicians and qualified NPPs may report both critical care services and an inpatient hospital care service for the same patient on the same calendar date when during critical care management of a patient the services do not meet the level of critical care services.
- Physicians and qualified NPPs are reminded that both Initial Hospital Care codes (CPT codes 99221-99223) and Subsequent Hospital Care codes are "per diem" services and may be reported only once per day by the same physician or physicians of the same specialty from the same group practice.
- Physicians and qualified NPPs are advised to retain documentation for discretionary Medicare carrier or A/B MAC review in case claims are questioned. The retained documentation must support why the same physician or physicians of the same specialty in a group practice submitted claims for both critical care services and other E/M services for the patient on the same date of service.

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Additional Information

You may see the official instruction (CR5792) issued to your Medicare A/B MAC or carrier by going to

<http://www.cms.hhs.gov/Transmittals/downloads/R1545CP.pdf> on the CMS website.

If you have questions, please contact your Medicare A/B MAC or carrier at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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